Learning Objectives

1. Define and be able to identify the different types of trauma and its prevalence in society.
2. Understand the significance of the adverse childhood experiences study as a public health concern.
3. Understand what trauma-informed care is, what it looks like, and how it is different from the medical model.

Welcome

- Think about going into an unfamiliar environment be it a meeting, social event, etc.
- What helps you feel welcome and safe?
Trauma Defined

Why Trauma? Why Now?
- Consumer activism
- Prevalence
- Science
- Effective services
- Hope

Why Trauma-Informed Care?
"We are a traumatized field working with traumatized clients, sending them to a traumatized recovery community."
- Dan Griffin
Self Care and Compassion

Stress-relieving strategies:
- Breathe
- Provide self empathy
- Use positive self-talk reframing (I am safe)
- Feel feet on floor
- Count to ten
- Use fidgets
- Doodle

Trauma and Post-Traumatic Stress Disorder (PTSD)

“...the peace of mind you deserve in the present is held hostage by the terror of your past.”

Lily Burana (2009, p. 227)

Trauma Touches All of Us

- Trauma is universal
- Trauma happens regardless of:
  - Age
  - Culture
  - Gender
  - Class
- Trauma is a life-shaping event
Trauma Defined

- It is extreme stress (threat to life, bodily integrity, or sanity)
- It is subjective
- It often results in feelings of vulnerability, helplessness and fear.
- It often interferes with relationships
- It affects the fundamental beliefs about themselves and others

Types of Trauma

- Acute
- Complex
- Historical
- Sanctuary
- Vicarious
Acute and Complex Trauma

Acute Trauma
- Adult onset
- Single incident
- Adequate child development
- No co-morbid psychological disorders

Complex Trauma
- Early onset
- Multiple incidents
- Extended over time
- Highly invasive
- Interpersonal
- Highly stigmatizing
- Vulnerable

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Complex Trauma

Post-Traumatic Stress Disorder
(Re-experiencing, avoidance, hyper-arousal)
Dysregulation:
- Emotional: Difficulty managing feelings, low frustration tolerance, shame, chronic emptiness
- Cognitive: Catastrophizing, concrete thinking, memory impairments

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Complex Trauma (cont'd)

Post-Traumatic Stress Disorder
(Re-experiencing, avoidance, hyper-arousal)
Dysregulation:
- Interpersonal: Difficulty assessing social cues, difficulty seeking attention in appropriate ways, challenges in seeing another's point of view, difficulty in maintaining relationships
- Behavioral: Impulsive, suicidal, self-injurious, chemical use/dependency, trauma re-enactment

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**Complex Trauma**

“Our labels don't describe the complex interrelated, physical, psychological, social, and moral impacts of trauma …and they rarely help us know what to do to help”

- Sandra Bloom

**Historical Trauma**

- Collective and cumulative emotional and psychological wounding across generations, emanating from massive group trauma
- Generates survivor guilt, depression, low self-esteem, psychic numbing, anger, and other physical symptoms
- Creates the community’s "soul mood"

(Dr. Maria Yellow Horse Brave Heart)

**Sanctuary Trauma**

The overt and covert traumatic events that occur in settings that are socially sanctioned as safe:
- Medical, mental health and substance abuse disorder services
- Corrections
- Foster care
- Home
- School or boarding schools
Vicarious Trauma

The experience of learning about another person’s trauma and experiencing trauma-related distress as a result of this exposure.

Psychological Trauma

- Violence (physical, verbal, witnessing)
  - Home
  - Personal relationships
  - Workplace
  - School

- Maltreatment or abuse
  - Emotional or spiritual
  - Verbal or physical
  - Sexual

- Exploitation
  - Sexual
  - Financial
  - Psychological

- Abrupt change in health, employment, living situation over which people have no control
“Being traumatized means continuing to organize your life as if the trauma were still going on—unchanged.”

- Bessel Van Der Kolk, M.D.

Prevalence of Trauma

- Fifty-six percent of the general population report at least one traumatic event in their life (Kessler, 1996)

- Ninety percent of behavioral health clients have been exposed to a traumatic event, most have multiple exposures (Muesar, 1998)

Prevalence of Trauma (cont’d)

- Eighty-three percent of females and thirty-two percent of males with developmental disabilities have experienced sexual assault. Of those, fifty percent had been assaulted ten or more times (Hand, 1995)

- Ninety-seven percent of homeless women with mental health issues experienced severe physical and/or sexual abuse (Goodman et al., 1997)
Prevalence of Trauma (cont’d)

- Seventy-five to ninety-three percent of youth entering the juvenile justice system are estimated to have experienced some degree of traumatic victimization (Healing Invisible Wounds, Justice Policy Institute)

- Ninety-two percent of incarcerated girls reported sexual, physical, or severe emotional abuse in childhood (Healing Invisible Wounds, Justice Policy Institute)

Trauma and Substance Use

- Adults who experience trauma may self medicate
- Self medication may also increase risk for further abuse and traumatic experiences

Prevalence of Trauma and Substance Abuse

- More than 50 percent of women seeking substance abuse treatment report one or more lifetime traumas
- A majority of women in substance abuse treatment have a history of physical and sexual abuse
- A significant number of clients in inpatient treatment also have subclinical traumatic stress symptoms or PTSD

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Mediating and Exacerbating Factors

- Person
  - Age or developmental stage
  - Past experiences
  - Strengths and coping skills
  - Cultural beliefs
- Environment
  - Supportive responses from significant others
  - Access to safety and resources

Mediating and Exacerbating Factors (cont’d)

- Event
  - Severity and chronicity
  - Interpersonal as opposed to an act of nature
  - Intentional or accidental

Adverse Childhood Experiences (ACE)
Early Relationships

Relationships are developed through the emotional bond between the child and caregiver. It is through this relationship that we learn to:

- Regulate emotions
- Develop trust in others
- Freely explore our environment
- Understand ourselves and others
- Understand that we can impact the world around us
- Begin to establish a worldview

ACE

Abuse
- Psychological (by parents)
- Physical (by parents)
- Sexual (by anyone)
- Physical neglect
- Emotional neglect

Household with:
- Substance abuse
- Mental illness
- Separation or divorce
- Domestic violence
- Imprisoned household member

Adverse Childhood Experience (ACE)

- National ACE Study
  http://www.cdc.gov/nccdphp/ACE/
  http://aces too high.com

- Wisconsin ACE Study
  http://wichildrenstrustfund.org/files/WisconsinACEs.pdf
ACE Score Equals Trauma Dose

The number of individual types of adverse childhood experiences were summed:

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Prevalence</th>
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<tbody>
<tr>
<td>0</td>
<td>32%</td>
</tr>
<tr>
<td>1</td>
<td>26%</td>
</tr>
<tr>
<td>2</td>
<td>16%</td>
</tr>
<tr>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>4 or more</td>
<td>16%</td>
</tr>
</tbody>
</table>

National ACE Study Findings

ACE Score and Suicide Attempts

National ACE Study Findings

ACE Score and Adult Alcoholism
ACEs Population Attributed Risk

ACEs Impact Over the Life Span

Trauma and Disrupted Neurodevelopment
- Fight: Resist
- Flight: Run away
- Freeze: Stay still
Brain Development

- Each developmental stage depends on the previous stage
- Trauma impacts each level of development and the ability to move to the next stage
- In times of stress, we regress

Triune Brain Model

Healthy Brain and Abused Brain
Reminders or Triggers

- Lack of control
- Threats or feeling threatened or attacked
- Observing threats or assaults
- Isolation
- Interacting with authority figures
- Lack of information
- Lack of privacy

Reminders or Triggers (cont’d)

- Removal of clothing (medical exams)
- Being touched
- Being watched
- Loud noises
- Darkness
- Intrusive or personal questions
- Being locked in room

Reminders or Triggers (cont’d)

- Being ignored
- Condescending looks
- Sensory experiences (smells, sounds, touch, taste, body position)
- Separation or loss
- Transitions and disruptions in routine
- Feelings of vulnerability and rejection
Explaining not Excusing Behaviors

Outward Expressions
- Anger or defiance
- Violence toward others
- Truancy
- Criminal acts
- Perfectionism

Inward Expressions
- Withdrawal
- Substance use or abuse
- Perfectionistic
- Violence to self
- Spacing out

Trauma’s Impact on Worldview

Typical Development
- Belief in a predictable and benevolent world
- Positive self worth
- Hopeful and optimistic about future
- Empowered

Developmental Trauma
- Basic mistrust of others
- Belief that the world is unsafe
- Negative self worth
- Fear an pessimism about the future
- Hopeless and powerless

Trauma Worldview
- No place is safe
- Other people are unsafe and cannot be trusted
- My own actions, thoughts, and feelings are unsafe
- I expect crisis, danger, and loss
- I have no worth and no abilities

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Trauma-Informed Care (TIC)

Do No Harm

Trauma-Informed Care

What it is:
- A principal-based culture change process
- It focuses how trauma may affect an individual’s life and their response to behavioral health services

What it is not:
- An intervention to address PTSD
- A "flavor of the day" approach

“We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are trauma informed.” (Hodes, 2005)
Trauma-Informed Care (cont’d)

A TIC approach incorporates three key elements:

- **Realizing** the prevalence of trauma
- **Recognizing** how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- **Responding** by putting this knowledge into practice

(SAMHSA, 2012, p. 4)

Wisconsin’s TIC Guiding Principles

- Share power
- Provide holistic care
- Promote safety
- Focus on relationships
- Pursue the person’s strengths, choice, and autonomy
- Share leadership
- Provide trauma-informed care
- Protect health
- Develop and maintain internal training
- Promote healing

Healing happens in relationships
Five Primary TIC Principles

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

(Falot and Harris, 2006)

TIC Principle Choice

Traditional
- Everyone goes to bed at 10:30 p.m.
- Person is given completed treatment plan which must be signed by client
- Few homogenous activities are provided

Trauma-Informed
- Time for sleeping is adaptable and based on client’s needs
- Recovery plans are created collaboratively
- People are offered a menu of options based on needs, desires, and the recovery plan

Comparison

Traditional
Key Question: “What’s wrong with you?”
- Key focus is in symptom reduction
- Rules, directives, and use of token systems are used to maintain order
- Therapy sessions are viewed as the primary and often sole healing approach

Trauma-Informed
Key Question: “What happened to you?”
- Symptoms are seen as adaptions to trauma
- Wellness plans, stress reduction are among many tools used to recover
- Healing can happen in healthy relationships
Retraumatization

- A situation, attitude, interaction, or environment that replicates the events or dynamics of the original trauma that triggers overwhelming feelings
- Can be obvious or not so obvious
- Usually unintentional
- It is always hurtful

Retraumatization within the System

- Female with second operating while intoxicated charge is placed in an all male psychoeducation group (Female was sexually assaulted at age 15)
- Receptionist meets new client with a scowl and provides instructions in a short, curt manner
- Clinic has poor soundproofing in “private” offices

What Does TIC Look Like?

- Avoid forcing eye contact
- Be aware of your proximity
- Avoid asking too many questions
- Pace client meetings by offering breaks
- Draw upon past success
- Ask before touching or hugging
- Provide choice when possible
- Ask about client’s goals and priorities
What Does TIC Look Like?

- During emotional times ask “How can I support you right now?”
- When the trauma story overwhelms or leaves you speechless, be willing to sit in supportive silence

What Does TIC Look Like?

- Provide clear information about when, where, and by whom services will be provided
- Be prepared to repeat information many times; repetition is commonly needed when consumers are working with an overwhelmed nervous system
Trauma-Informed Addictions Services

Trauma-informed addictions services are also integrated services: that is, the symptoms of trauma and the consequences of addiction are addressed within a single system and by a single model of care (Harris and Fallot, 2001).

Trauma-Informed Care

- TIC:
  - Is a way of being
  - Is understanding what people are going through
  - Is a way of talking
  - Is a way of offering care

Public Health Interventions

Exposure to adversity is a public health issue. Three levels of intervention: primary, secondary, and tertiary

- Primary intervention is aimed at everyone-universal precautions (Washing hands)
- Secondary interventions are aimed at people who are at risk for a problem (Car seats for children)
- Tertiary interventions focus on trying to help people who already have whatever problems it is we are defining (Air bags in cars)
**Interventions**

- Primary intervention: Trauma-informed care because everyone should be informed
- Secondary intervention: Trauma-responsive services because we can assess who is at risk
- Tertiary intervention: Trauma-centered services that are used to help traumatized people heal

(Sandra Bloom, 2015)

**Going Forward with TIC**

- Based on what we know, it is time for all our sectors to take a lifespan approach
- As a society, we have a moral responsibility to do something with the knowledge we now have that most of the suffering brought about in the world today is preventable

(Sandra Bloom, 2015)

**TIC and Organizational Culture Change**

- Need leadership buy-in and ongoing support
- TIC Champions
- Meaningful consumer involvement
- Trauma-sensitive human resource practices
- Trauma-sensitive environment
- Trauma-sensitive strategies and tools
- Work toward fidelity

(Sandra Bloom, 2015)
Evidence-Based Practices

- Cognitive-behavioral therapy (CBT)
- Cognitive processing therapy (CPT)
- Exposure therapy
- Eye movement desensitization and reprocessing (EMDR)
- Motivational interviewing
- Narrative therapy
- Skills training in affective and interpersonal regulation (STAIR)
- Stress inoculation training

Trauma-Specific Models and Interventions

- Sanctuary Model [http://www.sanctuaryweb.com/](http://www.sanctuaryweb.com/)
- Trauma, Addiction, Mental Health and Recovery (TAMAR) [http://ncic.gov/wodp/program/246-trauma-addictions-mental-health-and-recovery-tamar](http://ncic.gov/wodp/program/246-trauma-addictions-mental-health-and-recovery-tamar)

General Trauma Resources

- National Center for Trauma-Informed Care [http://beta.samhsa.gov/ncic](http://beta.samhsa.gov/ncic)
- International Society for the Study of Trauma and Dissociation [http://www.issd.org/](http://www.issd.org/)
Other Tools

- Alphabetical list of trauma and PTSD measures: http://www.ptsd.va.gov/professional/assessment/all_measures.asp
- Trauma Informed Care: Perspectives and Resources Toolkit http://trauma.jbsinternational.com/traumatool/

Final Inspirational Thought

“Every life is a piece of art, put together with all means available.”

- Pierre Janet
Thank You!

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